



VER & REF
Room 807
PATENT
6501-1046

IN THE U.S. PATENT AND TRADEMARK OFFICE

In re application of

Anthony William GOODYER

Conf. 4840

Application No. 10/527,407

Group 1711

Filed March 11, 2005

Examiner unknown

APPARATUS INCLUDING A TREATMENT
STATION FOR INK ON A PAPER OR OTHER
SUBSTRATE

SMALL ENTITY CLAIM AND REQUEST FOR REFUND

Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby claims small entity status under 37
CFR 1.9 and 37 CFR 1.27 and requests that 1/2 of the original
filing fee, namely \$515 be credited to Deposit Account No. 25-
0120 as this claim is filed within the three-month term.

Respectfully submitted,

YOUNG & THOMPSON

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RJP/tl

June 13, 2005

Repln. Ref: 08/05/2005 RWHITE1 0016141200
DAH:250120 Name/Number:10527407
FC: 9204 \$515.00 CR

Adjustment date: 08/05/2005 RWHITE1
03/21/2005 SNAJARRO 00000051 10527407
01 FC:1631 -300.00 OP
02 FC:1633 -200.00 OP
03 FC:1642 -400.00 OP
04 FC:1617 -130.00 OP

08/05/2005 RWHITE1 00000001 10527407

01 FC:2631 150.00 OP
02 FC:2633 100.00 OP
03 FC:2642 200.00 OP
04 FC:2617 65.00 OP

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UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | |
|---|--|---|---------------|
| 1 Date of Request: _____ | | 2 Serial/Patent # <u>10/527407</u> | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED |
| <input checked="" type="checkbox"/> Filing <i>Change entity</i> | | | \$ <u>515</u> |
| <input type="checkbox"/> Amendment | | | \$ |
| <input type="checkbox"/> Extension of Time | | | \$ |
| <input type="checkbox"/> Notice of Appeal/Appeal | | | \$ |
| <input type="checkbox"/> Petition | | | \$ |
| <input type="checkbox"/> Issue | | | \$ |
| <input type="checkbox"/> Cert of Correction/Terminal Disc. | | | \$ |
| <input type="checkbox"/> Maintenance | | | \$ |
| <input type="checkbox"/> Assignment | | | \$ |
| <input type="checkbox"/> Other | | | \$ |
| | | 7 TOTAL AMOUNT OF REFUND | |
| | | \$ <u>515</u> | |
| | | 8 TO BE REFUNDED BY: | |
| | | <input checked="" type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: <u>25--0120</u> | |
| 9 REASON: | | | |
| <input checked="" type="checkbox"/> Overpayment | | | |
| <input type="checkbox"/> Duplicate Payment | | | |
| <input type="checkbox"/> No Fee Due (Explanation): | | | |
| | | | |
| | | | |
| | | | |
| 11 REFUND REQUESTED BY: | | | |
| TYPED/PRINTED NAME: <u>Rita White</u> | | TITLE: <u>Legal Assistant Examiner</u> | |
| SIGNATURE: <u>Rita White</u> | | PHONE: <u>7308-9140-xt 231</u> | |
| OFFICE: <u>DO/EO</u> | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | |
| APPROVED: _____ | | DATE: _____ | |

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